

VIRGINIA EMPLOYMENT COMMISSION

SUPPLEMENTAL INSTRUCTIONS FOR REPORTING
QUARTERLY STATE EMPLOYMENT SECURITY INFORMATION

ON MAGNETIC MEDIA

3490 CARTRIDGE

3½ INCH DISKETTE

OR

COMPACT DISK (CD)

VIRGINIA EMPLOYMENT COMMISSION
TAX AND WAGE INFORMATION PROCESSING
ROOM 123
703 EAST MAIN STREET
RICHMOND, VIRGINIA 23218
804-786-4207

NOVEMBER 2003

GENERAL INFORMATION

This booklet contains specifications and supplemental instructions for reporting quarterly wage information on magnetic media. These specifications should be used in addition to the Federal publication, MAGNETIC MEDIA REPORTING AND ELECTRONIC FILING FOR TAX YEAR 2000, published by the Department of Health and Human Services, Social Security Administration.

Beginning with the first quarter 1994, employers who report 250 or more employees in any calendar quarter must file quarterly reports on a magnetic medium using a format prescribed by the Commission. Waivers will be granted only if the Commission finds this requirement creates an unreasonable burden on the employer. All requests for waiver must be submitted in writing.

Reports are due quarterly, POSTMARKED not later than the last day of the month following the end of the calendar quarter for which they have accrued.

The Virginia Employment Commission does not accept test media for reporting quarterly wages. If you are reporting magnetically for the first time, have made a change to a new system, or have changed media, include a hard copy of your payroll report the first time you file after making a change. The hard copy should be mailed with the magnetic media, including your employer name, Virginia Employment Commission account number, and the quarter year being reported. Follow the format of social security number, employee name, and quarterly wages equaling line one of your FC-20.

Questions regarding magnetic media reporting or questions concerning the specifications in this document should be directed to the Virginia Employment Commission, Tax and Wage Information Processing, P.O. Box 1358, Richmond, Virginia 23218 or by calling 804-786-4207.

Questions regarding definition of wages, unemployment taxation, reporting, and record keeping requirements should be directed to your nearest local office of the Virginia Employment Commission, or by contacting the Virginia Employment Commission, EMPLOYER ACCOUNTS SECTION, P.O. Box 1358, Richmond, Virginia 23218, or by calling 804-786-7159.

SHIPPING INSTRUCTIONS

Please package the media in a manner that is acceptable by the U. S. Postal Service. All media should be submitted with a transmittal form, hard copy of the payroll if necessary, tax report, remittance, payment coupon and corrections in the same mailing container to:

Cashiers Department
Virginia Employment Commission
703 E. Main Street
P. O. Box 1358
Richmond, VA 23218

TRANSMITTAL FORM

Please complete the "**MAGNETIC MEDIA TRANSMITTAL FOR REPORTING QUARTERLY WAGES TO THE VIRGINIA EMPLOYMENT COMMISSION**" form, and submit it with each medium or set of media you send us. A blank copy of the transmittal form for your use and a completed example are included in this booklet. Please use the blank copy as a master for photocopying. The medium will be returned to the address used on the transmittal form. In the case of large corporations with multiple employer account numbers and payroll addresses, the list of VEC account numbers, federal ids, and employer names on the media may be listed on the back of the transmittal.

VEC will return any media having improper format or other technical problems unprocessed. Contact with the employer will be made by telephone and/or in writing describing the problems incurred. In the event the media was damaged in shipment or during processing, a replacement media or hard copy will be requested.

It is necessary that we re-label each cartridge using one of our assigned volume serial numbers. We will do our best not to destroy the employer's volume serial label on the outside of the cartridge.

MAGNETIC MEDIA TRANSMITTAL
FOR REPORTING QUARTERLY WAGES TO THE
VIRGINIA EMPLOYMENT COMMISSION

ADDRESS TO BE USED FOR RETURNING MAGNETIC MEDIA/MEMOS/LETTERS:

IS THIS A CHANGE OF ADDRESS? YES () NO ()

COMPANY NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP CODE: _____

CONTACT PERSON: _____

TELEPHONE NUMBER: _____

VEC ACCOUNT NUMBER: _____ FEDERAL ID: _____

000 _____

000 _____

000 _____

000 _____

(continue on the back of this form if necessary)

NUMBER OF MEDIA SUBMITTED: _____

ENCLOSED MEDIA IDENTIFICATION NUMBER : _____

QUARTER AND YEAR BEING REPORTED: _____

TYPE OF MEDIA: 3490 CARTRIDGE ()

3½ INCH DISK ()

CD ()

Please externally label your tape/cartridge with your company name, VEC account number, and quarter/year. If you are submitting multiples, please label them Vol ____ of ____.

MAGNETIC TAPE TRANSMITTAL
FOR REPORTING QUARTERLY WAGES TO THE
VIRGINIA EMPLOYMENT COMMISSION

ADDRESS TO BE USED FOR RETURNING MAGNETIC MEDIA/MEMOS/LETTERS:

IS THIS A CHANGE OF ADDRESS? YES () NO (X)

COMPANY NAME: Employer of Virginia

STREET ADDRESS: PO Box 0

CITY, STATE, ZIP CODE: Anywhere, VA 55555

CONTACT PERSON: John Doe

TELEPHONE NUMBER: 804-555-5555

VEC ACCOUNT NUMBER: FEDERAL ID:

0001234567 54-0000000

000 _____

000 _____

000 _____

(continue on the back of this form if necessary)

NUMBER OF MEDIA SUBMITTED: 1

ENCLOSED MEDIA IDENTIFICATION: EMP001

QUARTER AND YEAR BEING REPORTED: 1/2002

TYPE OF MEDIA: 3490 CARTRIDGE (X)

3½ INCH DISK ()

CD ()

Please externally label your MEDIA with your company

**name, VEC account number, and quarter/year. If you are submitting
multiples, please label them Vol ___ of ___.**

REQUIREMENTS FOR MAGNETIC MEDIA

This document is to be used as a supplement to Magnetic Media Reporting and Electronic Filing (MMREF) for Tax Year 2000 published by the Social Security Administration (SSA) Office of Systems Requirements July 2000. Any area not specifically addressed in this document should be covered in MMREF, and the instructions therein should be followed.

3490 CARTRIDGES

Data must be written in the unpacked mode on a 3490 cartridge. The cartridge must be recorded in Extended Binary Coded Decimal Interchange Code (EBCDIC). IBM standard header and trailer labels or unlabeled cartridge may be used. If header and trailer labels are used, they must be separated from the data records by a tape mark. Headers and trailers must be written in the same density as data records.

DISKETTES and CDs The Virginia Employment Commission requires that the operating system used to prepare the disk be MSDOS. Data should be written on double-sided/double density disks or on a double-sided/high density disks. The disk must be recorded in American Standard Code for Information Interchange (ASCII). Please name the filename: **W2REPORT**.

The diskette must not contain any file other than **W2REPORT**. The Virginia Employment Commission reserves the right to reject and return UNPROCESSED any diskettes that fail to meet these requirements. For multi-volume diskettes, the external disk label **MUST** also indicate the proper sequence for processing.

Each logical record on all magnetic media must be 512 positions in length. Please block the records at 45 records per block when using a cartridge; the blocksize will equal 23,040. The blocking factor must be consistent throughout. A short block is acceptable at the end of the file.

The earnings field must include dollars and cents, must be right justified and zero filled, and should be **UNSIGNED**.

REQUIREMENTS FOR DATA RECORDS

CODE RA - SUMITTER RECORD

This record is **REQUIRED** for reporting to the Virginia Employment Commission. Follow the instructions set forth in Magnetic Media Reporting and Electronic Filing (MMREF) for Tax Year 2000 published by the Social Security Administration (SSA) Office of Systems Requirements July 2000.

CODE RE - EMPLOYER RECORD

This record is **REQUIRED** for reporting to the Virginia Employment Commission. The employer should follow the instructions in Magnetic Media Reporting and Electronic Filing (MMREF) for Tax Year 2000 published by the Social Security Administration (SSA) Office of Systems Requirements July 2000.

There must be a Code RE record for every Virginia establishment reported. Since an employer may have one or more reporting establishments in Virginia, there may be one or more Code RE records in the same file.

CODE RW - EMPLOYEE WAGE RECORD

This record is **optional** for reporting to the Virginia Employment Commission. The accumulated fields may be zero filled.

CODE RO - EMPLOYEE WAGE RECORD

This record is **optional** for reporting to the Virginia Employment Commission. The accumulated fields may be zero filled.

CODE RS - SUPPLEMENTAL STATE RECORD

This record is **required** for reporting to the Virginia Employment Commission. **Please do not include records containing data for other states. Only quarterly wages being reported to the Virginia Employment Commission should be on the tape.**

Illustration 1-A depicts the fields and their respective descriptions used in the Code RS record. Please check your Virginia Employment Commission Quarterly Tax Report to verify the correct account number.

CODE RT - TOTAL RECORD

This record is **REQUIRED** for reporting to the Virginia Employment Commission only in the instance of **MULTIPLE** companies reported, to prompt totaling for the individual company.

CODE RU - TOTAL RECORD

This record is **optional** for reporting to the Virginia Employment Commission. The accumulated fields may be zero filled.

CODE RF - FINAL RECORD

This record is **required** for reporting to the Virginia Employment Commission. The accumulated fields may be zero filled.

VIRGINIA EMPLOYMENT COMMISSION
Code RS - State Record
PAGE 1 OF 2

LOCATION	FIELD	LENGTH	DESCRIPTION
1-2	Record Identifier	2	Constant "RS"
3-4	State Code	2	Enter the appropriate. postal Numeric Code. Virginia = 51
5-9	Taxing Entity Code	5	"B"
10-18	Social Security Number (SSN)	9	Enter the employee's social security number

THE FOLLOWING FIELDS YOU SHOULD LEFT JUSTIFY AND FILL WITH BLANKS

19-33	Employee First Name	15	Enter the employee's first name as shown on the social security card.
34-48	Employee Middle Name or Initial	15	If applicable, enter the employee's middle name or initial exactly as shown on the social security card.
49-68	Employee Last Name	20	Enter the employee's last name as shown on the social security card.
69-72	Suffix	4	For example: SR, JR
73-94	Location Address	22	Enter the employee's location ADDRESS (Attention, Suite, Room Number, Apartment, etc.)
95-116	Delivery Address	22	Enter the employee's delivery address.
117-138	City	22	Enter the employee's city.
139-140	State Abbreviation	2	Enter the employee's state.
141-145	Zip Code	5	Enter the employee's zip code.
146-149	Zip Code Extension	4	Enter the employee's four digit extension of the Zip Code.
150-154	Blank	5	Fill with blanks
155-177	Foreign State/Province	23	If not applicable, enter the employee's foreign state/province.
178-192	Foreign Postal Code	15	If applicable, enter the employee's foreign postal code.
193-194	Country Code	2	Enter the employee's applicable Country code. (See appendix B - MMREF)

VIRGINIA EMPLOYMENT COMMISSION
Code RS - State Record
PAGE 2 OF 2

195-196	Optional Code	2	Not used by VEC. Enter blanks.
197-202	Reporting Period	6	Enter the last month and year the calendar quarter for which this report applies: e.g., "032001" for Jan-March of 2001
203-213	State Quarterly Unemployment Insurance Reportable Wages	11	Include dollars and cents. Right justify and zero fill. Include all reportable monetary compensation paid to this employee during the quarter to which this report applies.
214-224	State Quarterly Unemployment Insurance Taxable Wages	11	Not used by VEC for this application. Enter blanks.
225-226	Number of Weeks Worked	2	Not used by VEC. Enter blanks.
227-234	Date first Employed	8	Not used by VEC. Enter blanks.
235-242	Date of Separation	8	Not used by VEC. Enter blanks.
243-247	Blank	5	Not used by VEC. Enter blanks.

THE FOLLOWING FIELD YOU SHOULD RIGHT JUSTIFY AND ZERO FILL

248-267	Virginia Employment Commission Account No.	20	Use 10 digit VEC Employer Account Number. Right justify. Zero fill.
268-307	Blank	40	Fill with blanks
308	Tax Type Code	1	A = State Tax B = Unemployment Tax C = City Income Tax D = County Income Tax E = School District Income Tax F = Other income Tax
309-512	Blank	204	fill with blanks